

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17732****FILED JUN 8 1944**Registration District No. **394**Primary Registration District No. **4097**Registrar's No. **88**

1. PLACE OF DEATH:

(a) County **Cass**
 (b) City or town **Harrisonville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **17**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **24** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Francis Albert Jones**

3. (b) If veteran, **no** name war
 3. (c) Social Security No. **496-01-8563**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Married**
 6. (b) Name of husband or wife **Amelia Frances Jones** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **March 14-1880**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **12** If less than one day
 hr. min.

9. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **refuse worker**

11. Industry or business **Pratt & Whitney**

12. Name **Farmer Jones**

13. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Anna Hayden**

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Francis E. Jones**

(b) Address **Independence, Mo. R1**

17. (a) **Burial** (b) Date thereof **May 29 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Orion Cemetery**

18. (a) Signature of funeral director **RUNNENBURGER'S**

(b) Address **HARRISONVILLE, MO.**

19. (a) **May 29 1944** (b) **Margaret Valle**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
 (c) City or town **Harrisonville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **302 Elm**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
 year **1944** hour **2** minute **9** M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death **Broken neck** Duration
Caused by being run over by Missouri Pacific train
at railroad crossing in Harrisonville, Mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **May 26, 1944**

(c) Where did injury occur? **Railroad crossing**

Did injury occur in or about home, on farm, in industrial place, in public place?

McCormick in truck parked in front of house

(Specify type of place)

While at work? (c) Means of injury

23. Signature **E. M. Sniffith** (M. D. or other)

Address **Harrisonville** Date signed **May 30**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

10410 Sniffith (Licensed Embalmer's Statement on Reverse Side)

OCT 17 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Ernest Rimmerburg

Licensed Embalmer No.

3368

P. O. Address

Harrisonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.